

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on February 24, 2012.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00103217 completed on April 12, 2012.</p> <p>Survey Dates: May 16, 17, 2012</p> <p>Facility Number: 000059 Provider Number: 155697 AIM Number: 100266560</p> <p>Survey Team: Dottie Navetta, RN TC Donna Groan, RN Avona Connell, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 60 Total: 67</p> <p>Census payor type: Medicare: 13 Medicaid: 41 Other: 13 Total: 67</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>Sample: 9</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/22/12 by Suzanne Williams, RN</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0253 SS=C	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on observation, record review and interview, the facility failed to ensure furniture and equipment were clean in 1 of 1 laundry room and 10 of 43 resident rooms. This deficient practice had the potential to affect 67 of 67 current residents.</p> <p>Findings include:</p> <p>On 05/16/12, the following was observed:</p> <p>1. At 10:55 a.m., the wood frames of 12 of 12 chairs in the main dining room were soiled with dust that rolled. There were two air conditioning units, which lacked covering for the electrical box.</p> <p>2. At 11:00 a.m., a white box fan, on the clean side of the laundry and blowing, was soiled with heavy dust on the grill and blades. At this time, in interview with Laundry Employee #1, she indicated "the fan had been cleaned a couple of weeks ago."</p> <p>3. At 11:10 a.m., the shower room, on the left side of the 60's hall, tile floor appeared to be soiled and the grout was</p>		F0253	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · All chairs in the dining room were affectively cleaned on 5/17/12. · Box fan in laundry was cleaned by maintenance on 5/17/12. · Shower rooms were affectively cleaned on 5/17/12. · Shower stall #2 gripper strips removed and replaced affectively on 5/17/12. · Shower stalls #1 and #2 electrical boxes repaired accordingly on 5/17/12. · Electrical conduits in shower area repaired accordingly in 5/17/12. · Door kick plate in shower room was replaced and secured on 5/17/12. · All chairs and over bed lights in resident rooms were cleaned appropriately 		06/01/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>dark in color. Shower stall #2 had eight 2 x 2 gripper strips on the tile floor in the shower stalls which were rolled up and or loose. Shower stalls #1 and #2 had electrical boxes for the emergency call lights which were rusted.</p> <p>4. At 11:20 a.m., the shower room, on the right side of the 60's hall, had the following: in the toilet area, a 9 x 13 section of tile was missing from the wall, which contained capped electrical conduits. At this time, the acting Administrator #2, indicated the toilet area was not being used. Next to the toilet was a secured storage closet. On the bottom of the door was metal flashing which was bent with sharp edges and not totally secured.</p> <p>5. At 11:00 a.m., the bed frame in room 65 was soiled with heavy dust. The room was noted ready for resident occupancy.</p> <p>On 5/16/12 at 12:47 p.m., the acting Administrator #2 provided an undated and unapproved list of repairs with estimates for the PTAC (Packaged Terminal Air Conditioner) to build the casework to cover the PTAC and conceal electrical.</p> <p>6. At 11:30 a.m., the air conditioning units in rooms 7 and 12 lacked a cover to</p>		<p>on 5/17/12.</p> <ul style="list-style-type: none"> 5/16/12 curtains were placed in Room 7. The air conditioning (PTAC units) casework covering work started on 6/1/12 and will be completed by 6/16/12. <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected. All bed frames, over head lights, and chairs were appropriately cleaned on 5/17/12-5/24/12. An IDT review on 5/24/12 indicated that no resident in the facility at this time has the potential to be affected. Box fans and shower rooms were cleaned on 5/17/12 by housekeeping. Shower stall gripper strips, shower stall electrical boxes, electrical conduits in shower area, and door kick plate were repaired or replaced by maintenance 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>conceal the electrical box. Rooms 61, 63, and 66, had heavy dust on the bed frames. Room 63 had heavy dust on the over the bed lights. Four tables and the wood frame of one chair were soiled with heavy dust.</p> <p>7. At 11:41 a.m., the frames of both beds in room 7 were soiled with heavy dust and the window lacked a curtain or blind.</p> <p>8. At 11:42 a.m., the frames of both beds in room 9 were soiled with heavy dust.</p> <p>9. At 11:47 a.m., the frames of both beds in room 11 and the wood frame of one chair were soiled with heavy dust.</p> <p>10. At 11:49 a.m., the frames of both beds and one chair in room 12 were soiled with heavy dust.</p> <p>11. At 11:56 a.m., the frame of one bed in room 50 was soiled with heavy dust.</p> <p>In interview at 1:10 p.m., the Corporate Administrator indicated he would like to round the environment in the morning.</p> <p>On 5/17/12 between 10:10 a.m., and 10:50 a.m., the following was observed with the Corporate Administrator #1:</p> <p>12. Room 9 the frame of 1 bed was</p>		<p>on 5/17/12.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> Effective 5/17/12 an updated room cleaning schedule was created to ensure routine cleaning of bed frames, chairs, overhead lights, and fans. Effective 5/17/12 an updated deep cleaning schedule was created to ensure routine deep cleaning is being completed. Housekeeping in serviced by corporate Environmental Supervisor on 5/17/12 over daily cleaning, deep cleaning, housekeeping assignments, and job descriptions. New Housekeeping/Laundry Supervisor effective 5/30/12. Effective 5/17/12 prior to any housekeeper leaving, rounds will be completed on their rounds 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>soiled with heavy dust.</p> <p>13. Room 12 the frames of 2 beds were soiled with heavy dust.</p> <p>14. Room 63 1 bed frame was soiled with heavy dust.</p> <p>15. Room 66 1 bed frame was soiled with heavy dust.</p> <p>16. Room 50 1 bed frame was soiled with heavy dust.</p> <p>The Corporate Administrator #1 indicated there was a plan in place to have the environment cleaned by the target date of August 1, 2012.</p> <p>On 5/17/12 at 11:05 a.m., Administrator #2 provided an undated "Cleaning Guidelines" which included, but was not limited to: "Daily resident Rooms: Each hall housekeeper should do a minimum of one resident room deep clean including disinfection of mattresses and bed frames per day to assure that all rooms have been deep cleaned each month. Quality control inspection checklist must be filled out and turned into supervisor Missed rooms will be scheduled for the next day or as assigned."</p> <p>This federal tag was cited on 2/24/12.</p>		<p>daily by Executive Director/Designee to ensure the dining room, resident rooms, and shower rooms are thoroughly cleaned and up to standards with the company policy on daily cleaning.</p> <p>· Housekeeping in serviced by the Executive Director on 5/31/12 on how to initiate repairs found within their daily assignments and how to complete work orders. Work orders will then go to maintenance and a copy to the Executive Director to follow up ensuring work orders are completed.</p> <p>· Monthly in servicing to be given to by Corporate Director of Environmental Services/Designee to Environmental Supervisor and housekeeping staff to ensure compliance with cleaning schedules and environmental cleanliness.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(f)			assurance program will be put into place? · Executive Director/Designee will do random audits after cleaning is complete to verify compliance. Audits will be conducted weekly x 4 weeks, bi-weekly x 2 months, monthly x 3 months, and quarterly thereafter for at least two quarters until continued compliance is maintained. · Audits will be reports through CQI monthly and an action plan will be implemented for thresholds below 95%.			